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Modified 02-03

PTO/SB/21 (01-03)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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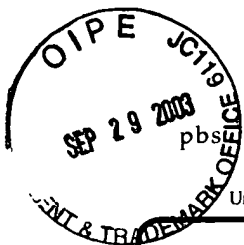
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application / Conf. No.	10/090,239 / 6539
	Filing Date	March 01, 2002
	First Named Inventor	Atul V. Ghia
	Examiner Name	Anh Q. Tran
	Art Unit	2819
	Patent No.	
Mail Stop:		
Express Mail Receipt No.		
Total Number of Pages in This Submission		Attorney Docket Number X-1061 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	Copy of each cited reference - Five (5)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	2800 MAIL ROOM
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	OCT - 8 2003
<input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)	Remarks	RECEIVED
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	24309 (Customer Number)	Reg. Number 37,652
Attn: Kim Kanzaki		
Signature		
Date	September 24, 2003	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date September 24, 2003			
Typed or Printed Name	Pat Slaback		
Signature		Date	September 24, 2003

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.



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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

Complete if Known

Application / Conf. No.	10/090,239 / 6539
Filing Date	March 1, 2002
First Named Inventor	Atul V. Ghia
Examiner Name	Anh Q. Tran
Art Unit	2819
Attorney Docket No.	X-1061 US

TOTAL AMOUNT OF PAYMENT (\$)**180.00**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to:

☒ Deposit Account

Deposit
Account
Number

24-0040

Deposit
Account
Name

XILINX, INC.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity
Fee Code

Fee (\$)

Fee Description

Fee Paid

1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
1812	2,520	For filing a request for expedite reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	410	Extension for reply within second month	
1253	930	Extension for reply within third month	
1254	1,450	Extension for reply within fourth month	
1255	1,970	Extension for reply within fifth month	
1401	320	Notice of Appeal	
1402	320	Filing a brief in support of an appeal	
1403	270	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,240	Petition to revive - unintentional	
1501	1,300	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	\$180
8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	Request for Continued Examination (RCE)	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**180.00**

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Fee

Fee

Fee Description

Fee

Code

Fee (\$)

Utility filing fee

1001

750

Design filing fee

1002

330

Plant filing fee

1003

510

Reissue filing fee

1004

740

Provisional filing fee

105

160

SUBTOTAL (1)

(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	20** =	Extra	X	Fee from below	=	Fee Paid
Indep. Claims	3** =		X		=	
Multiple Dependent Claims			X		=	

**or number previously paid, if greater; For Reissues, see below

Large Entity

Fee

Fee

Fee Description

Code

Fee (\$)

Claims in excess of 20

1202

18

Independent claims in excess of 3

1201

84

Multiple dependent claim, if not paid

1203

280

**Reissue independent claims over original patent

1204

84

**Reissue claims in excess of 20 and over original patent

1205

18

SUBTOTAL (2)

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652	Telephone	408-879-6149
Signature		Date	09-24-2003		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS/ SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.